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Bib Data Sheet

CONFIRMATION NO. 5210

SERIAL NUMBER 09/961,065	FILING DATE 09/24/2001 RULE	CLASS 455	GROUP ART UNIT 2681	ATTORNEY DOCKET NO. 110564	
APPLICANTS Norio Hama, Okaya-shi, JAPAN; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** JAPAN 2000-300467 09/29/2000 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/30/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY JAPAN	SHEETS DRAWING 5	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
ADDRESS 25944					
TITLE Wireless communication device					
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 5210

SERIAL NUMBER 09/961,065	FILING DATE 09/24/2001 RULE	CLASS 455	GROUP ART UNIT 268T 7643	ATTORNEY DOCKET NO. 110564
APPLICANTS Norio Hama, Okaya-shi, JAPAN; ** CONTINUING DATA ***** No g.e. ** FOREIGN APPLICATIONS ***** Yes g.e. JAPAN 2000-300467 09/29/2000 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/30/2001				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>g.e.</u> Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 5	TOTAL CLAIMS 12
				INDEPENDENT CLAIMS 1
ADDRESS 25944				
TITLE Wireless communication device				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	